

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018593

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 119

FILED JUN 11 1962

1. PLACE OF DEATH

a. COUNTY

Franklin

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Franklin

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Washington

Length of stay in 1b
79 yrs.c. CITY
OR
TOWN

Washington

Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

None R #2

Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS (If outside, give location)

R. #2

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First
FrankMiddle
GerhardLast
Voss4. DATE
OF
DEATHMonth
JuneDay
1,Year
19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
3/1/18839. AGE (last birthday)
79IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY
Sexton at Cemetery11. BIRTHPLACE (City and state or country)
Krakow, Missouri12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

John Voss

13b. MOTHER'S MAIDEN NAME

Rita Wellenkamp

14. NAME OF ~~HUSBAND~~ WIFE

Christina Voss

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Christina Voss

Address

Washington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN
ONSET AND DEATH
SuddenConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arterio-sclerotic C-V disease

DUE TO (c)

old age

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

none

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 30 Dec 1960 to 1 June 62 and last saw him alive on 1 June 62
Death occurred at 9:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

June 4, 1962

23c. NAME OF CEMETERY OR CREMATORY
St. Francis Cemetery

23d. LOCATION (City, town, or county)

Washington,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Washington, Mo.

25. DATE RECD. BY LOCAL REG.

6/4/62

26. REGISTRAR'S SIGNATURE

Lula R. J. Hildman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/5910360
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94201

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1290-0

135-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon C. Vedder

Licensed Embalmer No. 5031

P. O. Address Washington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.